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Sim & McBurney

Barristers & Solicitors

Patent & Trade Mark Agents

6th Floor, 330 University Avenue Toronto, Ontario, Canada M5G 1R7

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DATE: December 4, 2008

Your Ref: Application No. 09/845,497

Our Ref: 9577-25 LAB/KAM

TO:	FAX#	PHONE #
Examiner Alton N. Pryor United States Patent and Trademark Office	571 273 8300	571 272 0621

Total Number of Pages (Including This Page): 21

FROM: Lola A. Bartoszewicz / (416) 849-8420

## COMMENTS:

In re Application No. 09/845,497

Applicants: Amina Odidi and Isa Odidi

Filed: May 1, 2001

For: Extended Release Pharmaceuticals

## URGENT

Group Art Unit: 1616

Examiner: Alton Pryor

Docket No.: 9577-25 LAB

Please find attached the following documents with respect to the above-identified patent application:

Request for Continued Examination Transmittal; 1.

Petition for Extension of Time; 2.

Fee Transmittal: 3.

Amendment and Response; and 4.

Declaration. 5.

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PTO/SR/17 (10-08)

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T-903

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). HECEIVE Application Number 09/845,497 TRANSMITTA CENTRAL PAX GENTER Filing Date 05/01/2001 For FY 2009 First Named Inventor ODIDI, Amina Examiner Name Pryor, Alton Applicant claims small entity status. See 37 CFR 1.27 1616 9577-25 LAB TOTAL AMOUNT OF PAYMENT 405.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Credit Card Check Deposit Account Name: Sim & McBumey Deposit Account Deposit Account Number 192253 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee √ | Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Foos Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 220 540 110 330 165 Utility 140 70 220 110 100 50 Design 170 85 330 220 110 165 Plant 270 650 325 540 330 165 Reissue 0 220 110 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 52 26 Each claim over 20 (including Reissues) 110 220 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) **Total Claims** Fee Paid (\$) Eee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims HP - highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1,52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 Fee Paid (\$) Fee (\$) (round up to a whole number) x / 50 = Fees Paid (\$) 4, OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 405.00 Other (e.g., late filing surcharge): Request for Continued Examination SUBMITTED BY Registration No. 43394 Telephone 416 849 8420 Signature Date December 4, 2008 Lola A. Battoszewicz Name (Print/Type)

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